

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

96 OCT 23 PM 2:50

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85094** (8)
1. Corporation Name
LIGHTNING INTERNATIONAL, INC.



Principal Place of Business 501 E. KENNEDY BLVD 175 TAMPA FL 33602 US		Mailing Address 501 E KENNEDY BLVD. 175 TAMPA FL 33602 US		3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last Report 05/01/1995
---	--	---	--	--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3085647	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent DAVIS, PAUL ONE HARBOUR PLACE 5TH FLOOR TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAKAMURA, YOSHIO	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2-6-15 GINZA CHUO KU	1.2 NAME	
STREET ADDRESS	TOKYO, JAPAN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE CD <input type="checkbox"/> DELETE	OKUBO, TAKASHI	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 E. KENNEDY BLVD., SUITE 175	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE AS <input type="checkbox"/> DELETE	PHILLIPS, CHRIS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 E KENNEDY BLVD #175	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DPT <input type="checkbox"/> DELETE	OTO, SABURO	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 E. KENNEY BLVD., SUITE 175	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> DELETE	OKU, TADASHIGE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 E. KENNEY BLVD., SUITE 175	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SABURO OTO PRESIDENT 10/18/96**
Date: **4/25/96** Daytime Phone #: **(813) 276-7371**